	ASSIGNMENT (Office	
From (Person). Ong Chin Kiat	or C11	Detertime: 2012/18612pm
Estimated Cost	Bill to:	-
OD (TP) WS/TP RES/OD RES/I	EVA/INV/MV7CS	
at Workshop m/s Dance	CONTOR CONICO	Insured: GBF 3110R
of BIK ING D	Scholer service	Tel: 62714618
Policy No: DMCV SN30586	21801	8NM18 D05722C02
Sum Insured:		
Make of Veh: (Client's Record)	Excess:	D.O.A. 7/12/2018 .
CA / REV / REP. / REV 24 HRS	lyp	H.O.D. Endorsoner
CA / REV / REP. / REV 24 HRS Date/Time: 1203pm@2012118	Person Contacted: Tzah	H.O.D. Endorsement: Vehicle ANDOUT
Date/Time: 12.03pm@20/12/18	Person Contacted: Izah	H.O.D. Endorsement Vehicle NOUT
Date/Time Action/Instruction (Person Contacted: Izah () Estimate	Vehicle (N)OUT
Date/Time Action/Instruction (FBG 3626p- N	Person Contacted: Jzah DEStimate JBA/INC 18022191/Y	DOA: 7/12/2018
Date/Time Action/Instruction (FBG 3626p- N	Person Contacted: Izah () Estimate	DUA: 7/12/2018
Date/Time: Decion/Instruction (FBG 3626p-N GBF 311.0R-N	Person Contacted: Izah () Estimate NBA/INC 18022191/Y BA/INC 18022191/Y	DUA: 7/12/2018 8UA: 7/12/2018
Date/Time: Decion/Instruction (FBG 3626p-N GBF 311.0R-N	Person Contacted: Izah () Estimate NBA/INC 18022191/Y BA/INC 18022191/Y	DOA: 7/12/2018

Garrage	Taylor REF: CT	•
3.	<u>AS</u>	SIGNMENT
rom:	Date	Veh No. FBG 3626P Yr Regn. 2012, June
stimated Cost		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
nspect Vehi		Make: Jamaha 42F-RIS c.c 150
Workshop m/		Colour A/C: Insured / Std / NI / NA
r		Sp.Reading (2/991 T/Radio: Insured / Std / NI / NA
sured		Eng/No:
olicy No.		CINO: WE1381503 415200 1027-
laims No.		Gen. Cond: Good / Fair / Poor / Burnt
um Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Reco	ord)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: NII / S/Rim / STD A/Rim or
		Tyre Size: F: $90/80 Rl$. R: $110/70 Rl$
(Policy Condit	ition)	R: 110/70/27
emark: The v	reh had commenced its N/S 0/S	/ h + -
repai	ir at the time of inspection.	TOYO/YOKO or
al, or Market \	Value:	Front Rear &
DAC Accident	Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
IA / PR See	en: Consistent? : Yes or No	L/Bal. mm L/Bal. mm
st. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 20/12/18
um Sum:	% 3 Val.: Yes or No	Survey held at Vary Scuden
CA / REV /	/ REP. / 24 HRS	Des. of Damages : Frt / Rear Ols / NIS / U/C / Rooftop or
	Vehicle: IN / O	
Pate / Time	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time	Action / Instruction	· 5/830.
		(pomon)
	RECEIVED	1 3 MAR 2019
		V12/3/20
		*
1 1	. From Roport	Days Of Repair:
13/3 tun	Final Report	Resurvey No. of Trip: > Survey Fee: 220
13/3 two	: Final Report	Resurvey No. of Trip: Survey Fee: 220
013/3 two	Final Report	Resurvey No. of Trip: > Survey Fee: 220 Transportation:)S + RSSI
13/3 tun Date/Time, File Re	Final Report atum to? Add F	Resurvey No. of Trip: Survey Fee: Transportation: See: Interview (\$) Photos
Date/Time, File Par Date/Time, File Re	Final Report eturn to? Add F	Resurvey No. of Trip: Survey Fee: 220 Transportation: See: Site Insp (\$)_s+Rs_si

...CLAIM SUBFOLDER...(New Assignment)

Case N	otified	Est Submitted	Adj Assigned	Adj Rpt	Adj Subr	nitted	Ins Auth'ed	Status	
Main 19	9 Dec 2018		20 Dec 2018 12:00 Assign					New As Cancel	case Case
Ма	iin	Re	ference		Claim Details	\prod	Docume	nts	Show All
CLAIM SUBI		CONTROL TO THE				[Creat	ed by insurer]		
nsured:	GUARDIA	N FACILITY SER	VICES PTE LTD	, Co. Reg.	No.: -				
fain Claimant:	NOOR HA	SHIM BIN AHMA	D KHALIL, II	: S7325183	BD				
Vehicle Reg.	FBG362	6P			Date of Loss:	07/12/2	2018 12:00 - :59		
Claim Type:	TP / SNI	M18D05722C02			Policy/Cover Note No.:	DMCVS	N3058621801 (Co	mprehensiv	re)
Vehicle Reg. No. (Insured):	GBF3110	R			Policy No. (Claimant):	507589	5523-02		
(1.120.22)					Excess:	S\$0.00			
Repairer:	Pang Sco	oter Service (HC) BLK 1006 BUK	IT MERAH L	ANE 2 #01-06, 1	59762 B	ukit Merah - Tel: 6	2714618	
Handling Insurer:	China Ta	iping Insurance	(Singapore) Pt	e. Ltd. (HQ) - Tel: 6389 611	1 [Ha	ndled by Ong Chi	n Kiat]	
Claimant's Insurer:		come Insurance							
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel	6256-3561	[Final Rpt	due 02	/01/2019]		
Driver/Custo dian (Insured):		AN PRASATHKUMA							
Adj Asg. Remarks:	EST \$333	3, CASE WITH SJE							
ASSOCIATE	D MAIL RI	ECEIVED						View All	Compose Case N
There are no	mail for this	s case.							
ALL ASSOC	IATED TA	SKS⊡				View	All Search Tasks	Create N	New Task Comp
Due Date	Priority		Group Sub	ject Ha	ndler Assign	ned By	Completed (eated On

No results.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Cinconoro NDIC	-		
Owner ID Type:	Singapore NRIC	-		
Owner ID:	5183D			
Vehicle Details	FBG3626P			
Vehicle No.:				
Vehicle to be Exported:	No 10 Mars 2010			
Intended Deregistration Date:	12 Mar 2019	-		
Vehicle Make:	YAMAHA			
Vehicle Model:	YZF-R15			
Primary Colour:	Red			
Manufacturing Year:	2011			
Engine No.:	38B3001029			
Chassis No.:	ME138B03AB2001027			
Maximum Power Output:	-			
Open Market Value:	\$2,894.00			
Original Registration Date:	13 Jun 2012			
First Registration Date:	13 Jun 2012			
Transfer Count:	2			
Actual ARF Paid:	\$435.00			
Intended PARF Rebate Details				
PARF Eligibility:	No			
PARF Eligibility Expiry Date:	-			
PARF Rebate Amount:	\$0.00			
Intended COE Rebate Details				
COE Expiry Date:	12 Jun 2022			
COE Category:	D - Motorcycle			
COE Period(Years):	10			
QP Paid:	\$1,912.00			
COE Rebate Amount:	\$621.00			
Total Rebate Amount:	\$621.00			

The information contained herein is correct as at 12 Mar 2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	to nereby consent to the archiving of this report at the centre and to copies of the report being made available	
"在上海的"。	ACCIDENT STATEMENT	
Date Of Report	10/12/2018 16:51	
Date Of Accident	07/12/2018 12:30	
Exact Location Of Accident	JUNCTION OF NORTH BRIDGE ROAD & COLEMAN LANE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBG3626P	
Insured/Policyholder		
Name Of Registered Owner	NOOR HASHIM BIN AHMAD KHALIL	
NRIC No	S7325183D	
Email Address	73HASHIM@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-83380130	
Alternative Phone No	OTHERS-83380130	
Vehicle Particulars		
Manufacturer	YAMAHA	
lodel YZF-R15-150CC (M)		

Exact Purpose for which vehicle was being used at WORKING PURPOSES

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY MOTORCYCLE

Vehicle Category Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

NO Fleet Policy

Policy Number 5075895523-02

Cover Note Number

Driver

Name of Driver NOOR HASHIM BIN AHMAD KHALIL

NRIC No S7325183D 26/06/1973 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 11/05/2015

3 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-83380130 Mobile Number

Fax Number

Contact Number OTHERS-83380130

73HASHIM@GMAIL.COM **EMail Address**

BLK 109 SERANGOON NORTH AVENUE 1 Address

#07-647

Postcode 550109

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY: Police Station Address

SINGAPORE

YES

NO

1

YES

Police Station Contact TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181208/2064 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBF3110R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver CHANDIRAN PRASATHKUMAR

NRIC/Passport Number G7931254T Contact Number 98992048

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

NOOR HASHIM BIN AHMAD KHALIL

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG3626P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ;
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Per

NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN	1		
FBG 3626P GBF 3110 R DESCRIBE CIRCUMSTANCE	SUS.	B E	
		O LOCAL	
		The Contract of the Contract o	
		600	
	As	140	
	10	2/20	
	0KX 185	,00	
128	1700		
1			
	1		
	rticulars are true in every respect.	an colorson	J.
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policy)	Reporting Centre Personneth Sign holder) Name Cells	Ature UDHI

POLICE REPORT





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 3 Report No. T/20181208/2064

REPORT	DF A TRAFFI	C ACCIDENT					
Date/Time Report Made: 08/12/2018 12:56			Vide Report No.:	Station Diary No.			
Informa	nt's Partic	ulars					
Name of Informant: NOOR HASHIM BIN AHMAD KHALIL			Address: APT BLK 109 SERANGOON NORTH AVENUE 1 #07-647 SINGAPORE 550109				
ID Type / ID No.: NRIC NO / \$7325183D			Contact No.: Home/Office.	Mobile: 83380130			
Nationality: SINGAPORE CITIZEN		EN	Email:				
Sex: Age: Date of Birth: Male 45 26/06/1973			Type of Informant: Rider				
Race: Malay			Language:	Institution / School Name:			
Occupation: DISPATCH RIDER			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident: 07/12/2018 12:30	Type of Location T-Junction
NORTH BRID SOUTH BRID Yellow box at Weather:	GE ROAD	Road 2 Lane and North Bridge Road Surface:	Road	Road Speed Limit:
Sunny		Dry		riodo opeed Limit.
Traffic Flow: Traffic Control: One Way Traffic Light - Workin			orking	Traffic Volume: Heavy
Type of Collis Between Mov	ion: ing Vehicles - Head	To Side		Anyone conveyed by ambulance:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBG3626P	Motorcycle	YAMAHA	YZF-R15	Red	Slightly Damaged	0
GBF3110R	Van				Slightly Damaged	0

Details of V	ehicle Insurance	MANAGER ST.		Particular III
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG3626P	NTUC Income Insurance Co-Operative Limited	5075895523-02	13/12/2017	12/12/2018

POLICE REPORT



T/20181208/2064

2 of 3

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20181208/2064

CONTINUATION OF REPORT

Any Pedestrian In	volved: No				
No. of Pedestrian	Use of Pede	estrian	Cross	ing: NA	
Rider					0700C100D
Name	NOOR HASHIM BIN AHMAD KHA	ALIL	ID No.		S7325183D
Related Vehicle	FBG3626P (Motorcycle)		Conta	ct No.	83380130
Hospital/Clinic	SHALOM CLINIC & SURGERY		Class Driving Licence Expiry	e &	Class: 2B,2A Date of Expiry: NIL
Date Treatment	08/12/2018	Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave 05	Degree of I	njury	Slight	
Name	CHANDIRAN PRASATHKUMAR	THE PARTY OF THE P	ID No		G7931254T
Related Vehicle	NIL		Contact No.		98992048
Hospital/Clinic	NIL		Class Drivin Licent Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch			
	ited Medical Leave NIL	Degree of	Injury	NIL	

On 07/12/2018 at about 1230hrs, I was riding on my motorcycle FBG3626P along North Bridge Road towards South Bridge Road, at the junction of North Bridge Road and Coleman Lane, lane splitting on the left side of the right lane, when a van GBF3110R suddenly drove out of Coleman Lane to make a right turn into North Bridge Road. As I could not stop in time, my motorcycle collided with the front left side of the van. The collision caused dents on my motorcycle's tank, bends and scratches on signal light, right pedal and front bracket. It also caused minor scratches on the front left side of the van below the left signal light. Subsequently, as the traffic flow was heavy I could immediately pick up my motorcycle and move to the side of the road and exchanged particulars with the other driver. On 08/12/2018 I went for a check up at Shalom Clinic & Surgery for a strained right shoulder and multiple abrasions on my right knee and thigh areas. I was also given a medical certificate for five days from 08/12/2018 to 12/12/2018. I will be using this report for my insurance claim.

POLICE REPORT





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20181208/2064

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

Signature Of Officer Recording The Report D / Sgt 2 MUHAMMAD YUSOFF BIN MOHD RASID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/12/2018 12:56
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	SN 49
SIGNATURE	

Blk 1006 Bukit Merah Lane 2 #01-06 Singapore 159762 Tel: 6271 4618 Fax: 6273 2632

ESTIMATE REPAIR

BIKE NO.: FBG 3626P
DATE ACCIDENT: 7/12/2018

MAKE / MODEL : YAMAHA/YZF-R15

	IT	AMOUN			DESCRIPTION	S/No
0	85.00	out.	\$		L/H MIRROR	1
00	130.00	16-	\$		L/H HANDLE BAR	2
00	280.00	in A	\$		TOP COWLING	3
00	120.00	? .	\$		COWLING STAY	4
0	95.00	wA-	\$		FRONT FENDER	5
00	65.00	ind	\$		CLUTCH LEVER	6
00	265.00	ent	\$		L/H SIDE PANEL	7
00	185.00	ud-	\$		L/H INNER PANEL	8
0	320.00	dd/	\$		FUEL TANK	9
00	110.00	7	\$		STEERING CON	10
00	230.00	ç.	\$		UNDER BRACKET	11
00	195.00	d	\$		FRONT BRAKE DISC	12
00 2	95.00	ut	\$		MUFFLER COVER	13
_	135.00	7	\$		R/H FOOT REST BRACKET	14
00	60.00	ant-	\$		BRAKE PEDAL	15
00	48.00	unt/	\$		R/H FOOT REST	16
00	50.00	7	\$		FORK OIL	17
00	50.00	?	\$		FORK OIL SEAL (x2)	18
00	385.00	7	\$		FRONT WHEEL RIM	19
	350.00	290	\$		Taylin 27495749	
4			_	11011	20/12/18 @ 1412	
\dashv	notify	ituats hence	Consi	the Dens	- Title Cite	
\dashv	otion	alters: w pair	v hefore	To resurve	Repring here parts	_
\dashv	resurvey	ed partis, during	damage	To display	100.00	
\dashv	ation	it ject to confirma	s are s:	• Parts price	Sw. P labanta um	
basis	Prejudice* b	is on a Without	Survey	* Third part.	Day Character	
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nd	arread and	pproval from ins		Suppleme is subject.	days	
mn Pr	u-d = Com				1	
		epairer	d by R	Acknowledg		
				Signature:		
				Date:	L	

Blk 1006 Bukit Merah Lane 2 #01-06 Singapore 159762 Tel: 6271 4618 Fax: 6273 2632

ESTIMATE REPAIR

BIKE NO.: FBG 3626P DATE ACCIDENT : 7/12/2018

MAKE / MODEL : YAMAHAYYZF-R15

S/No	DESCRIPTION	AMOUNT
1	L/H MIRROR	\$ 000 85.00
2	L/H HANDLE BAR	s bt 130.00
3	TOP COWLING	5 wt 280.00
4	COWLING STAY	\$ 4/ 120.00
5	FRONT FENDER	\$ 04/ 95.00
6	CLUTCH LEVER	\$ 1mA 65.00
7	L/H SIDE PANEL	\$ 67 265.00
8	L/H INNER PANEL	\$ wt 185.00
9	FUEL TANK	\$ 10/ 480.00
10	STEERING CON	\$ 110.00
11	UNDER BRACKET	\$ 64 230.00
12	FRONT BRAKE DISC	\$ 195.00
13	MUFFLER COVER	\$ 64 95.00
14	R/H FOOT REST BRACKET	\$ 135.00
	BRAKE PEDAL	\$ 4 60.00
15		\$ out 48.00
16	R/H FOOT REST	\$ 10.00
17	FORK OIL	\$ ~4 50.00
18	FORK OIL SEAL (x2)	\$ 10 385.00
19	FRONT WHEEL RIM	3 990 303.00
	-	
	TRANSPORT	\$ 60 80.0
	LABOUR	\$ 200 350.0
	Taufilm 97495749 MP' MP' MP' MENT NOW PARS STOR Whento wh	10% 2929 45 3.85 3359 10% + 3023.10 Lebar + 260 +of1 - 4 3283.11 Finale with 130h 11/3/19
		Total \$ 3,493

.2929

Blk 1006 Bukit Merah Lane 2 #01-06 Singapore 159762 Tel: 6271 4618 Fax: 6273 2632

ESTIMATE REPAIR

BIKE NO .: FBG 3626P

DATE ACCIDENT : 7/12/2018

MAKE / MODEL : YAMAHA/YZF-R15

S/No	SUPPLEMENTARY	AMOUNT	
1	F L/H SIGNAL LIGHT	\$ and	45.00
	-		
	 		
		Total \$	45.00

Blk 1006 Bukit Merah Lane 2 #01-06 Singapore 159762 Tel: 6271 4618 Fax: 6273 2632

ESTIMATE REPAIR

BIKE NO : FBG 3626P

DATE ACCIDENT 7/12/2018

MAKE / MODEL . YAMAHAYYZF-R15

S/No	SUPPLEMENTARY		AMOUNT		
1	HEADLIGHT ASSY		\$	cut	385.00
			-		
			_		
	+				
			_		
			_		
	9				
			_		
			_		
		Total	Ċ		385.00

...CLAIM SUBFOLDER...(Pending for Survey Report)

Case 1	Votified	Est Submitted	Adj Assigned	Adj Rpt	Adj	Submitted	Ins Auth'ed	Status	
Main	19 Dec 2018		20 Dec 2018 12:00 Edit Adj Rpt	S\$3,282.20 Edit Estima		3,282.20 lew Rpt		Report Cancel C	for Survey
M	tain	R	eference	Clain	n Details		Documents		Show All
CLAIM SUE	FOLDER DE	TAILS				[Created	by insurer]		
Insured:	GUARDIA	N FACILITY SER	VICES PTE LTD,	Co. Reg. No.: -					
Main Claimant:	NOOR HA	SHIM BIN AHMA	D KHALIL, ID: S	7325183D					
Vehicle Reg. No.:	FBG362	6P		Da	te of Loss:		8 12:00 - :59 s and 24 Days Fro	m LTA Reg Da	te (Man Yr)]
Claim Type:	TP / SN	M18D05722C02	ý.		icy/Cover te No.:	DMCVSN30	58621801 (Compr	rehensive)	
Vehicle Reg. No. (Insured):	GBF3110R		Policy No. (Claimant): 5075895523-02						
				150000	cess:	S\$0.00			
Repairer: Handling			(Singapore) Pte. L						
Insurer: Claimant's Insurer:			Co-operative Ltd (- III Erianais	,		
Adjuster:	02/01/20		Ltd (HQ) - Tel: 62	56-3561 [Ha	andled by N	OHD TAUF	IKH BIN HAMID]	[Final R	pt due
Driver/Custo dian (Insured):	CHANDIRA	N PRASATHKUMA W@GUARDIANFAC		IC: G79312547	T, Tel: +	6598992048	Email:		
Adj Asg. Remarks:	EST \$3333	3, CASE WITH SJE	0						
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Claim Documents

*FBG3626P (SNM18D05722C02) [GBF3110R]

NOOR HASHIM BIN AHMAD KHALIL Dec 7 2018 12:00PM [GUARDIAN FACILITY SERVICES PTE LTD] Pang Scooter Service

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Linked Accident Report Documents

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Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
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Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
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Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.			

LKK Auto Consultants Pte Ltd (Co.Reg. No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CTI18022825/T1QD3E2

18/03/2019 Date:

REFERENCE

Date of Loss:

China Taiping Insurance Handling Insurer:

(Singapore) Pte. Ltd.

Policy No:

DMCVSN3058621801

Claimant Vehicle

FBG3626P

Insured Vehicle No:

GBF3110R

No:

07/12/2018

Nature of Claim: TP

Claim No:

SNM18D05722C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

FBG3626P

Make & Model:

YAMAHA YZF-R15, 150cc (M)

Engine No:

38B3001029

Reg. Date:

13/06/2012 (Man. Year: 2011)

Chassis No: Odometer:

ME138B03AB2001027 121991 km

Colour:

150 cc

Engine Capacity:

Market Value/New Car Price: N/A Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes Engine Modification:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size:

90/80 R17

Rear Tyre Size:

110/70 R17

Front Left Side:

Bridgestone 5 mm

Rear Left Side:

Bridgestone 5 mm

Front Right Side:

0 mm

Rear Right Side:

0 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS		Repairer's	Adjuster's	Difference	Diff %
Parts		3,493.00	3,022.20	470.80	13.48
Miscellaneous Items		0.00	0.00	0.00	
Labour		430.00	260.00	170.00	39.53
Paintwork Labour		0.00	0.00	0.00	
Towing		0.00	0.00	0.00	
	Nett Amount (S\$)	3,923.00	3,282.20	640.80	16.33

INSPECTION

Date of Assignment:

20/12/2018

Date Inspected:

20/12/2018 Inspected At:

Pang Scooter Service (HQ)

BLK 1006 BUKIT MERAH LANE 2 #01-06

Singapore 159762

Estimated Period of Repair:

5.0 days

MOHD TAUFIKH BIN HAMID Adjuster:

Manager:

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen_... 18/3/2019

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 18 Mar 2019)

Parts: N/A YAMAHA YZF-R15 150cc (M) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for FBG3626P)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*L/H MIRROR	Cut	85.00 F	*85.00 FL
2	1		*L/H HANDLE BAR	Bent	130.00 F	*130.00 FL
3	1		*TOP COWLING	Cut	280.00 F	*280.00 FL
4	1		*COWLING STAY	Bent	120.00 F	*120.00 FL
5	1		*FRONT FENDER	Cut	95.00 F	*95.00 FL
6	1		*CLUTCH LEVER	Cut	65.00 F	*65.00 FL
7	1		*L/H SIDE PANEL	Cut	265.00 F	*265.00 FL
8	1		*L/H INNER PANEL	Cut	185.00 F	*185.00 FL
9	1		*FUEL TANK	Dented	480.00 F	*480.00 FL
10	1		*STEERING CON	Necessary	110.00 F	*110.00 FL
11	1		*UNDER BRACKET	Bent	230.00 F	*230.00 FL
12	1		*FRONT BRAKE DISC	Dented	195.00 F	*195.00 FL
13	1		*MUFFLER COVER	Cut	95.00 F	*95.00 FL
14	1		*R/H FOOT REST BRACKET	Not Necessary	135.00 F	*-FL
15	1		*BRAKE PEDAL	Cut	60.00 F	*60.00 FL
16	1		*R/H FOOT REST	Cut	48.00 F	*48.00 FL
17	1		*FORK OIL	Necessary	50.00 F	*50.00 FL
18	2		*FORK OIL SEAL	Necessary	50.00 F	*50.00 FL
19	1		*FRONT WHEEL RIM	Dented	385.00 F	*385.00 FL
20	1		*F L/H SIGNAL LIGHT	Cracked	45.00 F	*45.00 FL
21	1		*HEADLIGHT ASSY	Cut	385.00 F	*385.00 FL
F=Fra	anchise	part. L=ListIte	mDisc.	Sub Total (S\$)	2 402 00	2 250 00
			List Itom Discount	3,493.00 0.00	3,358.00 335.80	
			- List Item Discount	0.00	333.00	
				Total Parts (S\$)	3,493.00	3,022.20

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	TRANSPORT	New	80.00	60.00
2	LABOUR	New	350.00	200.00
		Gross Labour Cost (S\$)	430.00	260.00
		Report was unsubmitted during this print-out.		

< END OF ESTIMATES >